MARYLAND STATE DEPARTMENT OF HEALTH

11866

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 S. Queen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 201 S. Queen

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wilmer (Last) Batchelor

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 5, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: river

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Batchelor

14. MOTHER'S MAIDEN NAME: Katie Cohee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-18-6530

17. INFORMANT AND ADDRESS: Mrs. Margaret Batchelor Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 minutes

420.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 or 6 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1949, to 12-30, 1949, that I last saw the deceased alive on 12-30, 1949, and that death occurred at 9:45 Am., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 12/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. I, 1950
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Dec. 30 1949
REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells - ADDRESS: Chestertown, Md.

RECEIVED
JAN 3 1950
BUREAU V. S.

11867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Betterton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Samuel (Last) Price
4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 1903
9. AGE last birthday: 46 yrs. If under 1 year: Months 3, Days 13. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Packer
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Betterton Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Samuel Price
14. MOTHER'S MAIDEN NAME: Laura Nickman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO. (If year, give war or dates of service): 218.05.8414
17. INFORMANT AND ADDRESS: Estella Price douglas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound in chest - Accidental
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mortification shot - Stripped and fell. 9198 184
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE? HOMICIDE? Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Rural Betterton — (COUNTY) Kent — (STATE) Md
TIME OF INJURY (Month) Dec (Day) 14 (Year) 1949 (Hour) 2 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Stripped and fell with loaded gun.

22. I hereby certify that I attended the deceased from Dec 10 1949 to Dec 14 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.
SIGNATURE Paul W Smith (Degree or title) Deputy Medical Examiner ADDRESS Centreville Md DATE SIGNED Dec 15 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Dec 17 49 — NAME OF CEMETERY OR CREMATORY Hillsboro — LOCATION (City, town, or county) Hillsboro (State) Md
DATE REC'D BY LOCAL REG. Dec 16 49 — REGISTRAR'S SIGNATURE E Leonard Jones
24. FUNERAL DIRECTOR B R Fellows — ADDRESS Hillsboro Md

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11868

CERTIFICATE OF DEATH

Reg. Dist. No. 206

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) JANE (Last) CLARK

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 6, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balt. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Frank Huey Jr. Massey, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer - Head of Pancreas.

157 Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1949, to Dec 23, 1949, that I last saw the deceased alive on Dec 22, 1949, and that death occurred at 9 45 A m., from the causes and on the date stated above.

SIGNATURE: H.H. Hamilton (Degree or title): M D ADDRESS: Millington Md DATE SIGNED: Dec 26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Dec. 27, 1949 NAME OF CEMETERY OR CREMATORY: Galena Cemetery LOCATION (City, town, or county): Galena (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 26, 1949 REGISTRAR'S SIGNATURE: Edward Fellows.

24. FUNERAL DIRECTOR: Edward Fellows ADDRESS: Millington, Md.

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JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1186?

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 14 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann's; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) Cannon Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Embert

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-16-69

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Whiteley

14. MOTHER'S MAIDEN NAME: Jeanette German

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	2 years.
422,2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26-48 19..., to 12-27..., 19 49 that I last saw the deceased alive on 12-27..., 19 49 and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) M.D. ADDRESS: Chestertown, Maryland DATE SIGNED: 12-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Dec. 29, 1949 NAME OF CEMETERY OR CREMATORY: Chester Cemetery LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Dec. 28-1949 REGISTRAR'S SIGNATURE: Clara L. Barnes,

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

RECEIVED
DEC 30 1949
U.S. BUREAU OF MINES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11870

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rolph's Wharf
HOSPITAL OR INSTITUTION OR STREET ADDRESS Two Weeks Hospital Kent & Queen Anne Co.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Casper	(Middle) Newnam	(Last) Evans	4. DATE OF DEATH	(Month) Dec.	(Day) 22	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH FEB. 1878	9. AGE last birthday 71 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY USA				
13. FATHER'S NAME John H. [redacted] EVANS	14. MOTHER'S MAIDEN NAME Sarah Harrison						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no	16. SOCIAL SECURITY No. no	17. INFORMANT AND ADDRESS Henry H. Evans - Chestertown, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 10 days

Antecedent cause(s)

443 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis + hypertension or cardiovascular disease — unknown

(c) Congestion heart failure — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1949 to Dec 22, 1949, that I last saw the deceased alive on Dec 22, 1949, and that death occurred at 11 58 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Kent Barnes	M.D.	Chestertown Md.	Dec 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1949	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 24-1949	Clara S. Barnes	J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11871

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Lynch Kent Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Lynch md COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural give location) Lynch Md

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Hague

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 20 1862

9. AGE last birthday: 87 yrs.

If under 1 year: Months — Days —; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wheel wright Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Kent Co md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hague

14. MOTHER'S MAIDEN NAME: Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT: Mrs. Mable Nickerson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Paralysis Agitans

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver

1246 (c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 25, 1949, to Dec 20, 1949, that I last saw the deceased alive on Dec 19th, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. P. Atwell M.D. Steel Pond Md 12/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 22 1949

NAME OF CEMETERY OR CREMATORY: Methodist Church Cemetery

LOCATION (City, town, or county) (State): Kennedyville Md

DATE REC'D BY LOCAL REG. 12/22/49

REGISTRAR'S SIGNATURE: E. Leonard Jones

24. FUNERAL DIRECTOR: B R Tallow ADDRESS: Still Pond Md

RECEIVED
DEC 29 1949
BUREAU V. S.

11872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~[illegible]~~ Penn. COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~[illegible]~~ Boothwyn
STREET ADDRESS (If rural, give location) 106 Galbraith Ave.

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) — (Last) Henderson

4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 28, 1892
9. AGE last birthday 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Sinclair oil company
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — Henderson
14. MOTHER'S MAIDEN NAME Sarah Ann Bird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No. 084 09 1882
17. INFORMANT Mrs. Herbert Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congestive heart failure	5 days
420.1 Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary thrombosis	7 days
94a	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1949, to Dec 5, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

SIGNATURE Robert W Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED Dec 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec 8-1949 NAME OF CEMETERY OR CREMATORY Lawncroft Cem. LOCATION (City, town, or county) Boothwyn, Pa. (State)

DATE REC'D BY LOCAL REG. Dec. 5-1949 REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR W. S. Jones ADDRESS Claymont Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11873

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 3years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: High St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): High

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) Archibald (Last) Hill

4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) I949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 25, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Archibald

14. MOTHER'S MAIDEN NAME: Mary Jane McMullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	Sudden
334 Antecedent cause(s)	(b) Hypertension Malignant-	10 years
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis.	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to Nov 10, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Smith		Chestertown R.R. 3rd	Dec 2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 4, 1949	Chester Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 2-1949	Clara L. Barnes.	J. Willis Wells,	Chestertown, Md.

RECEIVED
DEC 5 1949
BUREAU V. S.

11874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HANSON (Middle) (Last) HORSEY

4. DATE OF DEATH (Month) December (Day) 1 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Nov. 26, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Baseball Umpire		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Horsey	Mary E. Rasin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
—		217-03-7279	Marian Lockerman Horsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Sudden
420.1 Antecedent cause(s)			
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	2 years
	(c)	Chr. Myocarditis	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chr. Gastritis	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 10 1949, to Dec. 1, 1949, that I last saw the deceased alive on Dec. 1, 1949, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Merritt Brice		Millington	Ma

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 4, 1949	Millington, Md	Millington	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 3, 1949	Edward Fellows	Edward Fellows	Millington, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 8 1949
BUREAU V. S.

11875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Gen'l.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Boy	Kennedy	Dec	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	Colored		Dec 9, 1949	— yrs.			13	35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morton Jeffers	Dolores Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Dolores Kennedy (Hosp. Chart)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity.	13 hours
Antecedent cause(s) 776 159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-10, 1949, to 12-10, 1949, that I last saw the deceased alive on 12-10, 1949, and that death occurred at 12 40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Dean	M.D.	Chestertown, Md	12-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 11 1949	Millington	Millington	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10-1949	Clara L. Barnes	Edward Fallon	Millington Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11876

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) High St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Cordray (Last) Loud

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 14, 1858

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Kent C. Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Loud

14. MOTHER'S MAIDEN NAME: Marietta Cordray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Miss. Marietta Loud Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 Immediate cause (a) Hypostatic Pneumonia — 2 days

106 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1949, to Dec. 7, 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank N. Smith — ADDRESS Chestertown, Md — DATE SIGNED Dec 8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 9, 1949 | NAME OF CEMETERY OR CREMATORY: Chester Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Dec. 8-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells, Chestertown, Md.

VS. A15

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DEC 10 1949
BUREAU V. S.

Evidence for change of birth date shown on: #6

FILM No. G 123 JAN 4 1950

11877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY: Kent Betterton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) — (Last) Perry

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) married

8. DATE OF BIRTH: May 22, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Warehouse

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Joseph Conner, Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular - (sudden)	4 years
Antecedent cause(s)	(b) Hypertension	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

443

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith (Degree or title) M.D. ADDRESS: Chesterton Deputy Medical Brass DATE SIGNED: 12/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 20 1949 — NAME OF CEMETERY OR CREMATORY: Still Pond Md — LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: 12/20/49 — REGISTRAR'S SIGNATURE: E Kennard Jones — 24. FUNERAL DIRECTOR: B R Fellows — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11878

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Hall R.D # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) Rock Hall R.D # 2

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Redden

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Estate mgr.

11. BIRTHPLACE (State or foreign country): Denton Caroline Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orlando James Redden

14. MOTHER'S MAIDEN NAME: Sarah Ellen Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 119-10-5369

17. INFORMANT: Eugena E Redden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis, chron Endo-myocarditis

(c)

Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1949, to 12/29, 1949, that I last saw the deceased alive on 12/28, 1949, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert G. Burgard M.D. ADDRESS: Rock Hall, Md DATE SIGNED: 1/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried DATE: Jan. 2, 1950 NAME OF CEMETERY OR CREMATORY: Denton Cemetery LOCATION (City, town, or county) (State): Denton Maryland

DATE RECD BY LOCAL REG. 1/2/50 REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Marvin C. Williams ADDRESS: Chestertown, Md

VS. A15

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JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11879 204

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chestertown
LENGTH OF STAY (in this place) unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Green Point Harbor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN On Boat at Green Point Harbor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) WALKER Walker
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Boat
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT AND ADDRESS: Papers found on Boat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found dead on his yacht (36 hours)

334 Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Exposure to any one
(c) Probably Apoplexy.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Lived along on his boat

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical Attendance, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W. Smith Chestertown Md. Deputy Medical Advisor. Dec 15/49

24. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 12/17/1949 | NAME OF CEMETERY OR CREMATORY CHESTER CEM. | LOCATION (City, town, or county) (State) CHESTERTOWN, Md.

DATE REC'D BY LOCAL REG. Dec. 17-1949 | REGISTRAR'S SIGNATURE Clara L. Baynes. | 24. FUNERAL DIRECTOR ADDRESS J. Willis Wells, Chestertown, Md.

Frank W Smith.

RECEIVED
DEC 24 1949
BUREAU V. S.

11880

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: KENT · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL STILL POND
LENGTH OF STAY (in this place): 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL STILL POND
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) F. (Last) WRIGHT

4. DATE OF DEATH: (Month) DEC. (Day) 13 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: FEB 22 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JOHNSON

14. MOTHER'S MAIDEN NAME: MARY HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: FREDERICK W. WRIGHT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.2 **Immediate cause** (a) Angina Pectoris.

94b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15th 19 49, to Dec 13, 19 49, that I last saw the deceased alive on Dec 13th, 19 49, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. P. Atwell M.D. Still Pond 12/15/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF: Dec. 19, 1949 NAME OF CEMETERY OR CREMATORY: Mt Olivet cemetery LOCATION (City, town, or county) (State): Milford Virginia

DATE REC'D BY LOCAL REG.: 12/15/49 REGISTRAR'S SIGNATURE: C Leonard Jones

24. FUNERAL DIRECTOR ADDRESS: B.R. Fellows. Still Pond Md

VS. A15

RECEIVED
DEC 17 1949
BUREAU W. S.